

## General

### Title

Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is greater than 9.0% (poorly controlled).

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Outcome

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is greater than 9.0% (poorly controlled).

This measure is a component of the [Comprehensive Diabetes Care](#) composite measure—one of 7 different rates—looking at how well an organization cares for the common and serious chronic disease of diabetes.

The denominator for all rates must be the same, with the exception of *HbA1c control (less than 7.0%) for a selected population*.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details

## Rationale

Diabetes is one of the most costly and highly prevalent chronic diseases in the United States (U.S.). Approximately 26.5 million Americans have diabetes, and seven million of these cases are undiagnosed. Complications from the disease cost the country nearly \$245 billion annually. In addition, diabetes is the seventh leading cause of death in the U.S. (American Diabetes Association, 2013). Many complications, such as amputation, blindness, and kidney failure, can be prevented if detected and addressed in the early stages.

## Evidence for Rationale

American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*. 2013 Apr;36(4):1033-46.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Primary Health Components

Diabetes; hemoglobin A1c (HbA1c) testing

## Denominator Description

Members 18 to 75 years of age as of December 31 of the measurement year with diabetes (type 1 and type 2) (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Use codes to identify the *most recent* hemoglobin A1c (HbA1c) test during the measurement year. The member is numerator compliant if the most recent HbA1c level is greater than 9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

See the related "Numerator Inclusions/Exclusions" field.

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

- Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations, and premature death (Centers for Disease Control and Prevention [CDC], 2014).
- Diabetes cost the nation \$245 billion in 2012: \$176 billion in direct medical expenses and \$69 billion in disability, unemployment and premature deaths (CDC, 2014).
- Diabetes is the seventh leading cause of death in the United States (CDC, 2014).
- In 2012, approximately 29 million Americans had diabetes (CDC, 2014), an increase of nearly 3 million people from 2010 (CDC, 2011).
- Proper diabetes management is essential to control blood glucose, reduce risks of complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking (CDC, 2014).

## Evidence for Additional Information Supporting Need for the Measure

Centers for Disease Control and Prevention (CDC). National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011. 12 p.

Centers for Disease Control and Prevention (CDC). National diabetes statistics report: estimates of diabetes and its burden in the United States, 2014. Atlanta (GA): U.S. Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC); 2014.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

## Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Emergency Department

Hospital Inpatient

Hospital Outpatient

Managed Care Plans

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Specified

### Target Population Age

Age 18 to 75 years

### Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Better Care

### National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Living with Illness

## IOM Domain

Effectiveness

## Data Collection for the Measure

### Case Finding Period

The measurement year and the year prior to the measurement year

### Denominator Sampling Frame

Enrollees or beneficiaries

### Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

Inclusions

Members 18 to 75 years of age as of December 31 of the measurement year with diabetes (type 1 and type 2)

There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

*Claim/Encounter Data:* Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value

Set), emergency department (ED) visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two visits.

At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set).

*Pharmacy Data:* Members who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (refer to Table CDC-A in the original measure documentation for a list of prescriptions to identify members with diabetes).

Note:

Members must have been continuously enrolled during the measurement year.

*Allowable Gap:* No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

## Exclusions

Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year *and* who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year. (*Optional*)

Note: Organizations that apply optional exclusions must exclude members from the denominator for all indicators in the composite measure.

## Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

# Exclusions/Exceptions

not defined yet

# Numerator Inclusions/Exclusions

## Inclusions

Use codes in the HbA1c Tests Value Set to identify the *most recent* hemoglobin A1c (HbA1c) test during the measurement year. The member is numerator compliant if the most recent HbA1c level is greater than 9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Note:

Organizations that use Current Procedure Terminology (CPT) Category II codes to identify numerator compliance for this indicator must search for all codes in the HbA1c Level Less Than 7.0 Value Set, HbA1c Level 7.0-9.0 Value Set, and HbA1c Level Greater Than 9.0 Value Set and use the most recent code during the measurement year to evaluate whether the member is numerator compliant. A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

## Exclusions

The member is not numerator compliant if the result for the most recent HbA1c test during the measurement year is less than or equal to 9.0%.

## Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Paper medical record

Pharmacy data

## Type of Health State

Physiologic Health State (Intermediate Outcome)

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a lower score

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicaid, and Medicare product lines.

## Standard of Comparison

not defined yet

# Identifying Information

## Original Title

Comprehensive diabetes care (CDC): HbA1c poor control (>9.0%).

## Measure Collection Name

HEDIS 2016: Health Plan Collection

## Measure Set Name

Effectiveness of Care

## Measure Subset Name

Diabetes

## Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Endorser

National Quality Forum - None

## NQF Number

not defined yet

## Date of Endorsement

2014 Sep 2

## Core Quality Measures

Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care

## Measure Initiative(s)

Physician Quality Reporting System

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015.

Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on August 29, 2003.

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This NQMC summary was updated by ECRI Institute on January 25, 2010 and on February 22, 2011.

This NQMC summary was retrofitted into the new template on June 29, 2011.

This NQMC summary was updated by ECRI Institute on August 10, 2012, April 1, 2013, January 10, 2014, January 14, 2015, and again on January 18, 2016.

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## Production

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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